



DEPARTMENT OF THE NAVY
BUREAU OF MEDICINE AND SURGERY
2300 E STREET NW
WASHINGTON DC 20372-5300

IN REPLY REFER TO

BUMEDINST 5040.2A
BUMED-00IG
19 Mar 2001

BUMED INSTRUCTION 5040.2A

From: Chief, Bureau of Medicine and Surgery

Subj: BUREAU OF MEDICINE AND SURGERY COMMAND INSPECTION PROGRAM

Ref: (a) SECNAVINST 5040.3A
(b) OPNAVNOTE 5400 ser 9B22/0U507500 of 15 Dec 2000
(c) BUMEDINST 5450.156B

1. Purpose. To publish the objectives, policies, and procedures of the Bureau of Medicine and Surgery (BUMED) Command Inspection Program.

2. Cancellation. BUMEDINST 5040.2.

3. Applicability. Applies to all field activities under the command of Chief, BUMED and all field medical and dental treatment facilities (MTFs and DTFs) directly supported by BUMED.

4. Background

a. Authority. Reference (a) sets forth the general policies and procedures for the Naval Command Inspection Program, identifies command inspection authorities, and directs command authorities to implement their inspection responsibilities.

b. Definitions

(1) Inspection. An inspection is any effort to evaluate an organization or function by any means or method, including audits. Inspections include special visits, technical inspections, special one-time inspections, inspections required by law or for the exercise of command responsibilities, and inspections conducted by "technical commanders" (e.g., Chief, BUMED; Commanders, Naval Systems Commands; Judge Advocate General; etc.) to provide or obtain technical information or assistance. Inspections are performed by authorities outside the inspected unit (Outside Authority (OA) Inspections) and by personnel within it (self-assessments). All inspections conducted within the Department of the Navy (DON) are subject to review by the Naval Inspector General (NAVINSGEN).

(2) Chain of Command. The chain of command is defined in section three of the current edition of reference (b).

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(a) Immediate Superior in Command (ISIC) or Responsible Line Commander (RLC).

The ISIC or RLC is that commander or commanding officer, listed in reference (b), who is the immediate senior in the chain of command who exercises military command over commanders and commanding officers of subordinate commands, activities, and units. The following distinctions are provided for purposes of this instruction:

1. ISIC. The term ISIC, as used in this instruction, refers only to those echelon 3 activities immediately subordinate to the Chief, BUMED.

2. RLC. The term RLC refers to those line command that have been designated by the Chief of Naval Operations, the Commandant of the Marine Corps, or their respective echelon 2 commanders as the military commanders or commanding officers for field MTFs and DTFs.

(b) Military Command. Military command is the authorized direction exercised over naval activities in military matters. Military matters include the prerogative to exercise authoritative control over all matters when circumstances dictate. Military commanders (as identified in reference (b)):

1. Are the primary reporting seniors and fitness report authority for commanding officers of assigned subordinate activities.

2. Review all performance of subordinate activities to ensure the support and services provided by subordinates are responsive and comprehensive in meeting the needs of customer commands, activities, fleet units, and members of the naval Service and their dependents.

3. Set work priorities when circumstances dictate.

4. Evaluate resource and budget issues that may impact fleet and customer support, and initiate action to inform the military chain of command.

(3) Primary Support. Primary support is the responsibility for the provision of resources (funds, manpower, facilities, and materials) to an activity to enable it to carry out its mission. Primary support includes administrative, personnel and material support, and guidance in such matters as internal organization, processes, procedures, budgeting, accounting, staffing, and the use of personnel, funds, material, and facilities. Support includes the responsibility to assist in evaluating the operational effectiveness of shore activities, and responding to other requests for technical assistance as required.

(4) Technical Support. Technical support responsibilities include providing professional advice, guidance, and assistance on such matters as the handling and upkeep of equipment and systems, supply and facility maintenance management, establishing standards and procedures for specialized technical functions, and reviewing and evaluating the services rendered.

c. Concept. Inspection is an inherent function of command exercised at every level under references (a) and (b). Leaders use formal and informal inspections to evaluate readiness, capability, and performance. Inspections may focus on compliance with established standards or upon organizational assessment and performance improvement. OA inspections are necessary and useful to verify objectively and independently mission capability and performance. The use of self-assessment methodologies also promote responsibility and accountability within the unit and are the preferred form of inspection. No-notice or short-notice inspections are employed whenever practicable.

5. Discussion

a. The realignment of shore-based MTFs and DTFs under the line and military chain of command resulted in a general division of inspection responsibilities between Chief, BUMED and designated RLCs. Specifically, the mission and inspection responsibility for the functional elements of primary and technical support was retained by Chief, BUMED, and the RLC gained the command and control mission over subordinate MTFs and DTFs with its concomitant inspection responsibility for the functional components inherent to the nontechnical military command.

b. While most of the functions within MTFs and DTFs fall clearly and exclusively within Chief, BUMED or RLC areas of inspection responsibility, many such functions are a concern to both the RLCs and Chief, BUMED. Given this, agreements in the form of memoranda of understanding have been developed between the appropriate echelon 2 commands and Chief, BUMED. These will be reviewed biennially to ensure accuracy.

6. Objectives. The overall goal of this program is to accurately assess and assist improvement in command performance concerning readiness, effectiveness, efficiency, and integrity. To this end, the following programmatic objectives are required:

a. To ensure the operational and material readiness, effectiveness and efficiency of Navy medical commands and units.

b. To assist commanders and commanding officers in improving the performance, readiness, efficiency, effectiveness and quality of life of the commands, units and activities for which they are responsible. Inspections are to provide commanders and commanding officers mission-relevant evaluations and recommendations that are timely, accurate, candid and objective.

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c. To help Sailors, Marines, and DON civilians improve the performance, readiness, efficiency, and effectiveness of their organizations while constantly improving individual quality of life through evaluation, training, assistance, and mentoring.

d. To recognize, commend, and promote the dissemination of good practices, spreading ideas that work as widely as possible throughout BUMED.

7. General Policies and Procedures. The policies and procedures enumerated in reference (a) are recognized as governing principles and essential elements of the BUMED Command Inspection Program.

a. The following additional guidance is provided:

(1) All BUMED claimancy 18 activities will be inspected on a 1- to 4-year rotation.

(2) BUMED echelon 3 commanding officers or officers in charge (COs and OICs) with subordinate activities (i.e., ISICs) shall use formal and informal inspections to evaluate readiness, capability, and performance.

b. The Medical Inspector General (MEDINSGEN) will perform process-focused organizational assessments. The intent of this type of inspection is to develop leadership, strengthen the capability of units to assess themselves and identify opportunities to improve efficiency and quality of life. Compliance-focused inspections are used when the risk or cost of mission failure otherwise would be unacceptably high or when necessary to ensure compliance with law, rule or regulation. The MEDINSGEN will focus on three questions:

(1) What do you do?

(2) How do you do it?

(3) How do you know that you are doing it well?

MEDINSGEN will use a tool such as the categories and criteria of the Malcolm Baldrige Criteria for Performance Excellence. The Joint Commission on the Accreditation of Healthcare Organizations (JCAHO) will inspect the command on the basis of the standards in the Comprehensive Accreditation Manual for Hospitals, Ambulatory Care, Home Health Care, and Behavioral. Usually, Medical Occupational Safety and Health (MEDOSH) will inspect the command at the same time for compliance with their codes, instructions, and Federal law.

8. Action

a. MEDINSGEN serves as the principal advisor to Chief, BUMED for inspection matters and exercises overall direction and coordination of the BUMED Command Inspection Program for all field activities. To accomplish this function, MEDINSGEN will:

(1) Conduct professional, and technical support inspections of all claimancy 18 facilities. MEDINSGEN may inspect primary support when appropriate.

(2) Coordinate with the JCAHO and MEDOSH for a simultaneous and complementary survey of all MTFs.

(3) Cooperate with the appropriate echelon 2 commanders and their respective RLCs to ensure the proper conduct of inspections.

(4) Prepare inspection reports on inspected activities, and submit results to the appropriate chain of command and Chief, BUMED. Inspection reports will be finalized before leaving the facility.

(5) Review area specific items of special interest to the inspecting activity, ISIC, and other higher authorities.

(6) On the rare occasion augmentees are used, they will be fully oriented to the inspection process. They will agree to the obligations of nondisclosure and the privileged information status of MEDINSGEN reports and memoranda as established by the ISIC, MEDINSGEN, and NAVINSGEN before performing any inspection activities.

(7) Receive and investigate allegations of inefficiency, misconduct, impropriety, mismanagement, violations of law, and other fraud, waste and abuse issues, or refer such matters for investigation, as appropriate.

b. JCAHO. The MEDINSGEN will coordinate inspections with the JCAHO. These combined inspections will be complementary rather than duplicative. Though there may be overlap in the inspection process, the focus of JCAHO is essentially compliance with national health care accreditation standards while the MEDINSGEN shall perform an organizational assessment. This cooperative process includes the opportunity for discussion between the JCAHO and MEDINSGEN. The JCAHO will file a report separate and distinct from that of MEDINSGEN.

c. MEDOSH will inspect for compliance with their codes, instructions, and Federal law. Whenever possible, this inspection will be simultaneous and coordinated with the JCAHO and

MEDINSGEN inspections. The MEDOSH report will be separate and independent of the MEDINSGEN report. This report will be a separate adjunct report submitted to the command under the auspices of MEDINSGEN.

d. BUMED Internal Codes. BUMED internal codes shall, when appropriate, provide assistance and cooperation with MEDINSGEN on all matters pertaining to the command inspection program.

e. Naval Healthcare Support Offices. OICs of Naval Healthcare Support Offices (HLTHCARE SUPPO), per reference (c), shall:

(1) Assist BUMED, echelon commanders, operational forces, and medical units as requested, in clarifying and supporting compliance with professional standards, guidelines, and program requirements for the delivery of health care.

(2) Facilitate implementation of recommended corrective actions from inspection reports (e.g., JCAHO, IG, etc.), compliance with directives, and evaluation of mission accomplishment.

f. Inspected Commands. COs and OICs of inspected commands shall be responsive to and coordinate with the MEDINSGEN, RLC, or other inspection organization teams for the performance of the command inspection. Additionally, COs and OICs of inspected commands will:

(1) Maintain the command at the optimal state of mission readiness and preparedness (personnel and material) within current resources.

(2) Coordinate with the MEDINSGEN, MEDOSH, and JCAHO to provide the pre-survey materials and develop the joint survey agenda to accomplish all the requirements of MEDOSH, MEDINSGEN, and JCAHO.

(3) Provide administrative and logistical support to MEDINSGEN, RLC, or other inspection organization teams.


D. C. ARTHUR
Deputy

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